



WASHINGTON STATE LIQUOR CONTROL BOARD  
Olympia, Washington

FORM 7  
CLASS 7  
PERMIT NO. \_\_\_\_\_

NO FEE ASSESSED.

APPLICATION FOR A SPECIAL PERMIT TO PURCHASE  
LIQUOR BY AN AUTHORIZED REPRESENTATIVE OF A  
MILITARY INSTALLATION OPERATED BY OR FOR ANY OF  
THE ARMED FORCES WITHIN THE GEOGRAPHICAL  
BOUNDRIES OF THE STATE OF WASHINGTON FOR USE  
ON SUCH MILITARY INSTALLATION. (RCW 66.20.010 (7).)

\_\_\_\_\_, of \_\_\_\_\_  
(Applicant) (Address)  
\_\_\_\_\_, Washington, operated by or for  
(Military Installation)  
\_\_\_\_\_, hereby makes application for a special  
(Branch of Armed Service)

permit to purchase liquor for use on such military installation at prices fixed by the  
Washington State Liquor Control Board for military services. We desire to make our  
purchases at the Liquor Store (or Agency) No. \_\_\_\_\_ located at

\_\_\_\_\_, \_\_\_\_\_  
(Street) (City)

Included with this application is a Washington State Liquor Control Board Military  
Liquor Custodian Signature Form, in Duplicate, signed by the applicant and by the  
authorized liquor custodian.

Sales Outlet for Alcoholic Beverages

1. Is liquor dispensed only by the drink?
2. How many bars does this applicant operate on the base?
3. Give location and/or name of building. If more space is required for reply, use space on the back of this application.
4. Do you operate package Stores? \_\_\_\_\_ If so, how many? \_\_\_\_\_
5. Give location and/or name of buildings.

OVER

6. Do you wish a single permit to cover your entire operation or do you wish a permit for the bar or bars, and one for the package store or stores?
7. Does each unit buy and dispense its own liquors, or do you have a centrally controlled operation?
8. Approximate number of men that will be using this facility?

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

This permit will expire June 30, 2\_\_\_\_\_.

\_\_\_\_\_  
(Applicant: Organization or Club)

\_\_\_\_\_  
(Military Installation)

\_\_\_\_\_  
(Branch of Armed Services)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Signed: Commanding or Executive Officer

NOTE: Retain a copy for your records and return the original to W.S.L.C. Board, P.O. Box 43098, Olympia, WA. 98504-3098.

DATE \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_



Approved: Date \_\_\_\_\_ by \_\_\_\_\_